

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

07/698 778

FILING DATE

10-27-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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48		/				
49		/				
50		/				
TOTAL IND.	3					
TOTAL DEP.	39					
TOTAL CLAIMS	34					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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